Firm

Outside Activities Supplement S-7

Complete supplement for each entity in which a firm member or related individuals holds (or has held within the past five (5) years) an equity interest and/or serves as a director or officer and for whom the Firm provided (provides) professional services. Copy supplement as needed.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Firm Member Name** | **Entity Name** | **Industry** | **Position Held** | **If Director/ Officer is there D&O Insurance?** | **Percent Equity Interest\*** | **Firm Services** | **Does the individual listed perform these services?** |
|  |  |  |  | Yes  No | % |  | Yes  No |
|  |  |  |  | Yes  No | % |  | Yes  No |
|  |  |  |  | Yes  No | % |  | Yes  No |
|  |  |  |  | Yes  No | % |  | Yes  No |
|  |  |  |  | Yes  No | % |  | Yes  No |
|  |  |  |  | Yes  No | % |  | Yes  No |
|  |  |  |  | Yes  No | % |  | Yes  No |
|  |  |  |  | Yes  No | % |  | Yes  No |
|  |  |  |  | Yes  No | % |  | Yes  No |

\* For equity interests, include related individuals (spouse, children, siblings, parents, and /or grandparents) information.

I recognize that information submitted on this supplement becomes a part of my application for coverage and is therefore subject to all of the representations and conditions of that application.

Completion of this supplement does not guarantee that coverage will be automatically granted. Any coverage will be subject to underwriting review.

**WARNING – Residents of Maryland**

Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Signature Date